Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
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Public Report

Report Issue Date: February 10, 2025

Inspection Number: 2025-1128-0001

Inspection Type:
Other
Proactive Compliance Inspection

Licensee: Mariann Nursing Home and Residence

Long Term Care Home and City: Mariann Home, Richmond Hill

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29 - 31, and February 3 - 7, 10, 2025
The inspection occurred offsite on the following date(s): February 6, 2025

The following intake(s) were inspected:

- One intake was related to Proactive Compliance Inspection
- One intake was related to Emergency Planning Annual Attestation

The following **Inspection Protocols** were used during this inspection:

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (i)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,

The licensee failed to ensure a refrigerator that stored drugs was used exclusively for drugs and drug-related supplies. During an observation of the second floor medication storage room the refrigerator contained drugs and individual containers of yogurt. The food items were placed in the top shelf of the door above drugs.

On February 7, 2025, all food items were removed from the medication refrigerators.

Sources: Observations, LTCH policy, interview with DOC and others.

Date Remedy Implemented: February 7, 2025

WRITTEN NOTIFICATION: Air temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure air temperature was measured under subsection (2) and documented in writing at least once every morning, once every afternoon between 12 p.m. and 5 p.m., and once every evening or night, from October 1, 2024, to January 29, 2025. As per the home's policy, air temperature was to be measured and documented three times a day throughout the year. During inspection, the home was unable to produce air temperature log forms for the abovementioned time period.

Sources: The home's ambient room temperature log forms, and staff interview with the Environmental Services Manager (ESM).

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that the Personal Support Worker (PSW) used safe transferring and positioning devices or techniques when assisting the resident.

A care observation was made where the PSW had transferred the resident by themselves using a mechanical lift between two surfaces, and subsequently provided personal care in an unsafe position.

The Director of Care (DOC) acknowledged that the staff had performed an unsafe transfer where two staff were required to perform the resident transfer.

Sources: Observations, resident's care plan, interview with the DOC.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that residents #007 and #008 were reassessed at least weekly when they exhibited altered skin integrity, including pressure injuries.

1. The home's policy on the skin integrity program directed registered staff to

complete a weekly skin and wound assessment in resident's electronic charting where all sections of the tool must be documented. When reviewed, the resident's weekly skin and wound assessments for a recent month were not fully completed as required.

Sources: Resident's electronic charting, and staff interview with the Skin Program Lead.

2. The home's policy on the skin integrity program directed registered staff to complete a weekly skin and wound assessment in resident's electronic charting where all sections of the tool must be documented. When reviewed, the assessment was not completed for a week. Additionally, the assessments for the subsequent month were not fully completed with undocumented sections.

Sources: Resident's electronic charting, and staff interview with the Skin Program Lead.

WRITTEN NOTIFICATION: Dining and snack service

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to ensure that the resident was in a safe position during dining service. A resident meal observation was made where the resident was being assisted with their meal by the Registered Practical Nurse (RPN). The resident, however, was seated on their wheelchair that was tilted backward. The RPN

confirmed that the resident's wheelchair was not to be tilted during meals.

Sources: Observations, resident's clinical record, interview with the RPN.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

1. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (b) for Routine Practices under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that hand hygiene, including, but not limited to, at the four moments of hand hygiene was completed by the PSW while providing personal care to a resident.

The DOC acknowledged that the staff should have changed their gloves and performed hand hygiene after contamination.

Sources: Observations, interviews with DOC.

2. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (d) for Routine Practices under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that Personal Protective Equipment (PPE) was properly used by the PSW while providing personal care to the resident. The PSW donned two pairs of gloves over each other and failed to change their gloves after contamination.

The DOC acknowledged that the staff should have changed their gloves and performed hand hygiene after contamination.

Sources: Observations, interviews with DOC.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that the resident's infectious symptoms were recorded every shift. The resident was required to be on isolation for multiple days due to an infection. When reviewing the resident's electronic health records, there were multiple shifts where the resident's infectious status was not documented.

Sources: Resident's electronic charting, and staff interview with the IPAC Lead.

WRITTEN NOTIFICATION: Medication management system

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. In accordance with Ontario Regulation (O. Reg.) 246/22 s. 11 (1) (b), the licensee is required to ensure the medication management program is complied with. Specifically, the RPN did not document in the resident's electronic medication administration record (MAR) for a medication that was administered on one morning.

Sources: Resident's electronic charting, home's policy on MAR, and staff interviews.

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